

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Dental Association Independent Expenditures Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488338	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 17 / 2016</div> </div>	

Full Name of Payee <b>Strategic Impact</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016	
Mailing Address 1890 Star Shoot Pkwy # 17-250		Amount 17266.59	
City Lexington	State KY	Zip Code 40509-4566	Transaction ID : EEDE6BA426E0F4015B06 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail-Primary GA-03		Category/Type	
Name of Federal Candidate Dr. Drew Ferguson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: GA
Calendar Year-To-Date Per Election for Office Sought		101888.55	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17266.59
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	17266.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Harrison

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 17 / 2016

Signature